



MIZRACHI ORGANISATION

THE EUGEN YAACOV WEISS MIZRACHI CENTRE

81 Balaclava Road, Caulfield North, Victoria 3161, Australia

Telephone: (03) 8317 2555 Fax: (03) 9527 5665 Email: office@mizrachi.com.au

MEMBERSHIP APPLICATION

I/We
(Names)

of
.....P/C

hereby apply for membership of the Mizrachi Religious Organisation.

I/We affirm that I/we support the objectives of the Organisation viz.

1. To promote the Jewish religion
2. To work towards the enrichment of the Land of Israel, for the people of Israel, according to the Torah of Israel.
3. To strengthen traditional Religious Zionist Judaism and to increase its influence both in Israel and in the Diaspora as an affiliate of the World Mizrachi Organisation.
4. To establish, operate, maintain and support Synagogues, Schools, Seminars, Shiurim and other undertakings in the spirit of Mizrachi ideology.
5. To co-ordinate and encourage Mizrachi activities and to initiate, arrange, and participate in Jewish religious, educational and cultural activities in Hebrew, English and Yiddish for the benefit of Jews in Australia.
6. To encourage, support and guide the development of Mizrachi youth groups and their related activities.
7. To work towards the economic and spiritual up building of Israel and in the promotion of Aliya in accordance with the "Jerusalem Programme" of the 27th World Zionist Congress.
8. To operate a Jewish studies school for the instruction of students in the Jewish religion.

and enclose payment of \$330 including GST single membership
\$660 including GST family membership

being my/our membership fee until next Rosh Hashanah.

Signed Date

Signed Date

Cash for \$_____ is enclosed.

Hand this directly to a staff member in the office 81 Balaclava Rd.

Cheque for \$_____ is enclosed.

Cheques should be made payable to "Mizrachi Organisation".

*Hand this directly to a staff member in the office 81 Balaclava Rd
or post to Mizrachi, Balaclava Rd, Caulfield North VIC 3161.*

Please charge my credit card \$_____

Credit Card Type: Mastercard Visa

Card No _____

Expiry Date: ____ / ____

Name on Card: _____

Signed: _____ Date: _____

*Hand this directly to a staff member in the office 81 Balaclava Rd.
or post to Mizrachi, 81 Balaclava Road, Caulfield North VIC 3161
or fax to 03-9527 5665
or ring details through on 03-8317 2555.*

MARA D'ATRA
Rabbi Yaakov Sprung

PRESIDENT
Ian Waller SC

EXECUTIVE DIRECTOR
Ari Morris

CHIEF FINANCIAL OFFICER
Daniel Solomon

MIZRACHI SYNAGOGUES
Beit Yehuda
Beit HaRoeh
Beit Midrash 'Bogrim' Minyan
Nachalat David

BEIT MIDRASH NAFTALI HERC
Kollet Torah MiTzion
Midreshet Ohr HaMizrachi

**ELSTERNWICK
JEWISH COMMUNITY**
Faye Rockman Synagogue



LEIBLER YAVNEH COLLEGE
The Joseph & Stera Gutnick
School of Jewish Studies

A.S. Leibler Secondary School
Leopold & Isabella Abrahamovits
Yavneh Primary School
Abeles Liberman Early Learning Centre



KOSHER AUSTRALIA P/L

MIZRACHI CHARITY FUND

MIZRACHI SICK VISITING SOCIETY

BNEI AKIVA YOUTH MOVEMENT

EMUNAH WOMEN'S MOVEMENT

MIZRACHI NOMINEES PTY. LTD.
ABN 83 005 019 670



MEMBER INFORMATION FORM

1. Application Type: New Application Renewal

2. Minyan: Beit Yehuda Beit Midrash Minyan (Bogrim) Elsternwick Jewish Community
 Beit HaRoeh Nachalat David

3. Contact Details:

The Mizrachi Organisation is keen to serve your needs. In the event that your contact details have changed or there has been a change in the family status (marriage, birth, divorce, death, etc.) we ask you to notify us as soon as possible.

Name:				
Address:				
Phone (AH):	Phone (BH):	E-mail		
Fax:	Mobile:	E-mail 2:		

4. Hebrew Names and Important Dates:

Because we like to honour our members when there are special occasions in the family, we ask you to provide us with relevant information. Please note that on some occasions we have more people to honour than we have *kibbudim*. Therefore, please understand if we sometimes bring forward or defer the *kibbud*.

Relationship to you	Name	Hebrew name (e.g. Yitzchak ben Avraham or Dina bat Ya'akov) Cohen/Levi/Yisrael	ג' י' י'	Date of Birth	Bar Mitzvah Parashah
Self				/ /	
Spouse				/ /	
Child1				/ /	
Child2				/ /	
Child3				/ /	
				/ /	
				/ /	

5. Memorials (we will בלי נדר remind you of the *yahrtzeit* in advance)

Name	Relationship to you	Hebrew name (e.g. Yitzchak ben Avraham or Dina bat Ya'akov)	Date of Death

* If you are listing the Gregorian date (e.g. 12 January 1948), please specify whether the death occurred before or after sunset.

6. Involvement

We invite all congregants to become involved in the congregation. Please tick your areas of interest.

Security Roster Sick Visiting Hospitality Cultural Committee Other: _____

Signed: _____

Dated: _____